



## Service Retirement Election Application

**Important: Your application should be mailed directly to CalPERS no more than 90 days before your retirement date. Your effective retirement date cannot be earlier than the first of the month in which your application is received.**

### Section A - Member Information

First Name	Middle Initial	Last Name	Social Security Number
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address			Date of Birth
City			Home Phone
State	ZIP	Country	Work Phone

### Section B - Retirement Information

Retirement Date	Employer
Position Title (Do Not Abbreviate)	

**Temporary Annuity - I elect to have my monthly allowance modified for life to provide for an additional Temporary Annuity allowance.**

☐ Yes ☐ No

If yes, I elect to receive Temporary Annuity until age (59½ or whole age 60 to 68) \_\_\_\_\_ in the amount of \$\_\_\_\_\_.00 per month.

**Other Final Compensation Period to Be Used:** \_\_\_\_\_  
From To

**Other California Public Retirement Systems:** ☐ Yes ☐ No If yes, complete the section below.

Name of System	Date of Retirement
----------------	--------------------

First Name	Middle Initial	Last Name	Social Security Number
------------	----------------	-----------	------------------------

### Section C - Option Election

**I have reviewed the options listed and elect the following retirement payment option.**

☐ **Unmodified Allowance.** I understand this is the highest monthly allowance payable to me, with no benefits payable upon my death (except the Survivor Continuance Benefit, if applicable). There is no return of contributions.

☐ **Option 1**
☐ **Option 2**
☐ **Option 2W**
☐ **Option 3**
☐ **Option 3W**

☐ **Option 4 (Please check one of the following)**

- ☐ Option 2W & Option 1 Combined
 ☐ Option 3W & Option 1 Combined
- ☐ Specific Dollar Amount to Beneficiary \$\_\_\_\_\_.00
 ☐ Specific Percentage to Beneficiary \_\_\_\_\_%
- ☐ Reduced Allowance for Fixed Period of Time \_\_\_\_\_% or Dollar Amount, Through \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Multiple Lifetime Beneficiaries (complete information below)

Name	____/____/____	Social Security Number
Name	____/____/____	Social Security Number
Name	____/____/____	Social Security Number

### Beneficiary Information

☐ Male ☐ Female

Beneficiary's Social Security Number	Name
Date of Birth	Relationship
Mailing Address	City State ZIP

**I understand that my election is irrevocable and that by electing Option 2W, 3W, or 4, I forfeit my right to an increase in my allowance based on the conditions described in the Guide to Completing Your CalPERS Service Retirement Election Application.**

### Section D - Retired Death Benefit

#### Lump-Sum Retired Death Benefit Beneficiary

Beneficiary's Social Security Number	Name	Relationship
Mailing Address	City	State ZIP

**The person listed above will receive the Lump-Sum Retired Death Benefit which is payable upon my death. I understand that I may change this beneficiary at any time and that any change in my marital status or the birth or adoption of a child automatically revokes this designation.**

First Name	Middle Initial	Last Name	Social Security Number
------------	----------------	-----------	------------------------

### Section E - Survivor Continuance

Please answer all four questions and complete the information for each section answered "yes".

Are you currently married? ☐ Yes ☐ No

Spouse's Social Security Number	Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
/ /	/ /	
Date of Birth	Date of Marriage	

Do you have any natural or adopted unmarried children under 18? ☐ Yes ☐ No

Child's Social Security Number	Full Name	/ / Date of Birth
Child's Social Security Number	Full Name	/ / Date of Birth

Do you have any unmarried children who were disabled prior to their 18<sup>th</sup> birthday and are still disabled? ☐ Yes ☐ No

Child's Social Security Number	Full Name	/ / Date of Birth
Child's Social Security Number	Full Name	/ / Date of Birth

Are your parents dependent upon you for one-half of their support? ☐ Yes ☐ No

Parent's Social Security Number	Full Name	/ / Date of Birth
Parent's Social Security Number	Full Name	/ / Date of Birth

### Section F - Employer Certification (to be completed by employer)

/ / Employee's Last Day on Payroll	/ / Employee's Separation Date
---------------------------------------	-----------------------------------

Balance of Unused Sick Leave Days on Employee's Date of Separation \_\_\_\_\_

Balance of Educational Leave Credits on Date of Separation (Section 20963.1) \_\_\_\_\_

I hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of my knowledge.

Employer Signature	/ / Date
--------------------	-------------

Printed Name	Employer Phone Number
--------------	-----------------------

## Section G - Tax Withholding Election

### Federal Tax Withholding Election (Please make one election only.)

- ☐ Do Not Withhold Federal Income Tax.
- ☐ Withhold Federal Income Tax in the amount of \$ \_\_\_\_\_.00 (monthly).
- ☐ Withhold Federal Income Tax Based on the Tax Tables for:
- ☐ A Married Individual With \_\_\_\_\_ Tax Withholding Exemptions. (Enter 0 or a Number)
- ☐ A Single Individual With \_\_\_\_\_ Tax Withholding Exemptions. (Enter 0 or a Number)
- ☐ In addition to the amount withheld based on the Tax Tables, Withhold \$ \_\_\_\_\_.00 (monthly).

### State of California Tax Withholding Election (DE4P) (Please make one election only. This is optional for out-of-state residents.)

- ☐ Do Not Withhold State of California Income Tax.
- ☐ Withhold State of California Income Tax in the Amount of \$ \_\_\_\_\_.00 (monthly).
- ☐ Withhold State of California Income Tax Based on the Tax Tables for:
- ☐ A Married Individual With \_\_\_\_\_ Tax Withholding Exemptions. (Enter 0 or a Number)
- ☐ A Single Individual With \_\_\_\_\_ Tax Withholding Exemptions. (Enter 0 or a Number)
- ☐ In Addition to the Amount Withheld Based on Tax Tables, Withhold \$ \_\_\_\_\_.00 (monthly).
- ☐ Withhold State of California Income Tax in the Amount of 10 Percent of the Federal Income Tax Withholding Amount.

## Section H - Member Signature & Notary

I hereby certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application I must notify CalPERS before the mailing of my first retirement allowance check.

☐ I am not married.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Member's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
State of County of

On \_\_\_\_\_ before me, \_\_\_\_\_, personally known to me **or**

☐ proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

**Notary Seal**

**Witness my hand and official seal OR authorized CalPERS representative signature.**

\_\_\_\_\_  
Representative's Signature